

2016 National Youth Science Camp[®]

Operated by the National Youth Science Foundation[®]

Delegate Application Cover Sheet

Name:			
	Last (Surname)	First	Middle
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address:			
City, State Zip:			
Country:			
Home Telephone:			
Mobile Telephone:			
E-mail Address:			
School Name:			
School Address:			
City, State Zip, Country:			
School Telephone:			
1) Parent/Guardian Full Name:			
Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Street Address:			
City, State, Zip, Country:			
E-mail Address:	Phone Number:		
2) Parent/Guardian Full Name:			
Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Street Address:			
City, State, Zip, Country:			
E-mail Address:	Phone Number:		
Applicant Certification:	I certify that I meet the eligibility requirements and, to the best of my knowledge and belief, that all of the information submitted is true, correct, complete, and made in good faith. Additionally, if I am invited to participate in the National Youth Science Camp that I intend to participate in the entire program from June 15, 2016, through July 10, 2016.		
	Applicant's Signature	Date Signed	